Applicat	ion or	*Docket	Number

Effective October 1, 2003 (0 70825-9												
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS							RAT	E	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE :	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	7 minus 20=		· Ø		X\$ 9	=		OR	X\$18=	1
INDEPENDENT CLAIMS 7				inus 3 =		T	X43	-		OR	X86=	/
MULTIPLE DEPENDENT CLAIM PRESENT						+145	_		OR	+290=	1	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	L.		OR	TOTAL	720
// CLAIMS AS AMENDED - PART II OTHER THAN												THÁN
\mathcal{L}	1,/05	(Column 1)		(Colun		(Column 3)	SMAI	L EN	ITITY	OR	SMALL	ENTITY
AMENDMĘNT A		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	<u>:</u>]τι	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 4,	Minus	-20)	e	X\$ 9:	=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	PENDENT	CLAIM		X43=			OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145:			OR	+290=	
							TOT			OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)	ADDIT, FI	= -		, ,	OUII. PEEI	
ENT B		CLAIMS REMAINING		HIGHE	ST			TA	DDI-	ſ		ADDI-
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RATE		ONAL		RATE	TIONAL FEE
AMENDMENT	Total	•	Minus	**	•		X\$ 9=			OR	X\$18=	
Maria Maria	Independent	*	Minus	***		<u> </u>	X43=		•	OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM			1				
	•						+145=			OR	+290=	•
	·	•					ADDIT. FE			OR ,	TOTAL DDIT. FEE	
	<u> </u>	(Column 1)		(Colum	n·2)	(Còlumn 3)		•	•	• •	,	•
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE -NÜMBI PREVIOI PAID F	ER JSLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
AMENOMEN	Total	•	Minus	**		= .	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		8	X43=	+			X86=	
	FIRȘT PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM					OR	- 700-	
• 11	the entry in colum	nn 1 is less than the	a entry in colum	mn 2 write *	O" in act	uma 3.	+145=	\perp		OR	+290=	
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE TOTAL A											

FORM PTO-875 (Rev. 10/03)